

# APPLICATION FOR ONLINE INFORMATION SERVICE SPECIAL PERMIT PERSONAL HISTORY QUESTIONNAIRE

**Important — Read Carefully:** This questionnaire must be completed by the Security Administrator, Review Administrator, Access Control Administrator and each person or principle officer, partner or sole owner applying for a special permit. The information requested pertains to eligibility for issuance of a special permit to obtain online access to Department of Motor Vehicles (DMV) information under authority of *California Vehicle Code* (CVC) §1810.7. Failure to provide the information is cause for refusal to issue an Online Information Service Special Permit.

CVC §1810.7(c) *The department may establish minimum volume levels, audit and security standards, and technology requirements, or any terms and conditions it deems necessary for the permits.*

**Check all that apply:**

☐ Security Administrator ☐ Review Administrator ☐ Access Control Administrator ☐ Principal Officer ☐ Partner ☐ Sole Owner

## SECTION 1 — APPLICANT INFORMATION

TRUE FULL NAME (LAST, FIRST, MIDDLE) (PLEASE PRINT)				BUSINESS AREA CODE/TELEPHONE NUMBER (    )	
RESIDENCE ADDRESS (NUMBER AND STREET)				HOME AREA CODE/TELEPHONE NUMBER (    )	
DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	COLOR HAIR	COLOR EYES	HEIGHT	WEIGHT
DRIVER LICENSE/IDENTIFICATION NUMBER		ISSUING STATE		EMAIL ADDRESS	

## SECTION 2 — BACKGROUND INFORMATION *Attach additional sheets if necessary.*

- Have you ever been known by or used any name other than the name appearing on this questionnaire? (Include the different way(s) you sign your name) ☐ Yes ☐ No  
If yes, what name(s)? \_\_\_\_\_
- Have you personally ever had any business, professional or occupational license or an application for such license refused, revoked, suspended, or subjected to other disciplinary action. ☐ Yes ☐ No  
If yes, show license number, type of license, action by licensing agency, and date of action: \_\_\_\_\_
- Have you ever been a sole owner, partner, corporate officer, or managerial employee, in a firm in which the firm's business, professional or occupational license was revoked, suspended or subjected to other disciplinary action? ☐ Yes ☐ No  
If yes, show license number, type of license, action by licensing agency, and date of action: \_\_\_\_\_
- Have you ever declared bankruptcy or were you ever a sole owner, partner, corporate officer, or managerial employee in a firm that declared bankruptcy? ☐ Yes ☐ No  
If yes, give date bankruptcy was filed and name and location of court of jurisdiction: \_\_\_\_\_
- Have you ever had criminal charges filed against you for stalking or violent crimes? ☐ Yes ☐ No  
If yes, give offense, court of jurisdiction and disposition of case: \_\_\_\_\_
- Have you had any criminal charges filed against you for misusing DMV information? ☐ Yes ☐ No  
If yes, give offense, court of jurisdiction and disposition of case: \_\_\_\_\_
- Have you ever been convicted of computer fraud? ☐ Yes ☐ No  
If yes, give offense, court of jurisdiction and disposition of case: \_\_\_\_\_

## SECTION 3 — CERTIFICATION

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

PRINT NAME/TITLE

SIGNATURE <b>X</b>	DATE
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